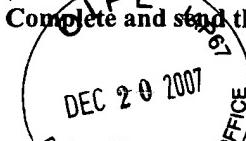


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

68945 7590 10/03/2007 PARTNERS, P.C.  
WARN, HOFFMANN, MILLER & OZGA, P.C.  
P.O. BOX 70098  
ROCHESTER HILLS, MI 48307

12/21/2007 WASFAW2 00000015 10821740

01 FC:1501 1440.00 OP  
02 FC:1504 300.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Philip R. Warn	(Depositor's name)
	(Signature)
December 17, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/821,740	04/09/2004	David Mills	DKT 03050A (BWI-00086)	1865

TITLE OF INVENTION: ON/OFF SOLENOID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/03/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
FRISTOE JR, JOHN K	3753	251-129150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Warn Partners. P.C.

2. \_\_\_\_\_

3. \_\_\_\_\_

### ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BorgWarner Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Auburn Hills, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- Issue Fee  
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- A check is enclosed.  
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### Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date December 17, 2007

Typed or printed name Philip R. Warn

Registration No. 32775

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## TRANSMITTAL FORM

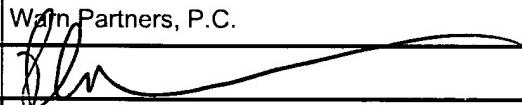
(to be used for all correspondence after initial filing)

	Application Number	10/821,740
	Filing Date	April 9, 2004
	First Named Inventor	David Mills et al.
	Art Unit	3753
	Examiner Name	John K. Fristoe, Jr.
Total Number of Pages in This Submission	Attorney Docket Number	DKT03050A (BWI-00086)

### ENCLOSURES (Check all that apply)

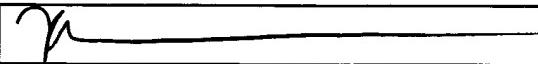
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Issue Fee Transmittal Form PTOL-85; Fee Address Indication Form; Check; Return Receipt Postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<b>Remarks</b>	
<p>Enclosed is a check in the amount of \$1740.00 (\$1440 - Issue Fee; \$300 -Publication Fee). In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 501612 (Warn Partners, P.C.) for any such fees. A duplicate copy of this document is enclosed for this purpose.</p>			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warn Partners, P.C.		
Signature			
Printed name	Philip R. Warn		
Date	December 17, 2007	Reg. No.	32775

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Signature			
Typed or printed name	Philip R. Warn - Reg. No. 32775	Date	December 17, 2007

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